



# **BANQUET LICENSE APPLICATION TUTORIAL**



**Virginia Alcoholic Beverage  
Control Authority**

*NOTE: Screen shots can be accessed by clicking the links in the instructions. Additional steps not listed below are required for certain banquet applications.*

## INSTRUCTIONS

### Helpful TIPS:

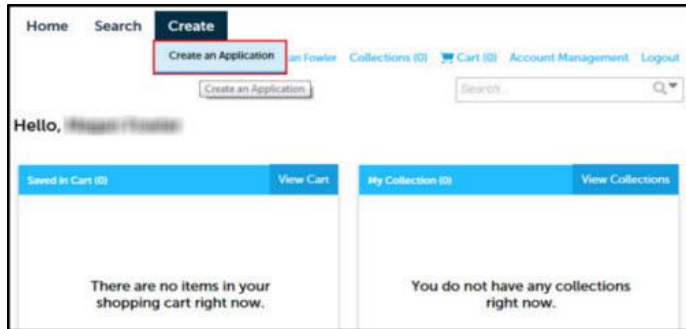
- For optimal performance when using the VAL system, we recommend Google Chrome or Microsoft Edge. Please know that VAL is not compatible with Safari or mobile devices.
  - If you are not sure which Banquet you need to apply for, use the online Wizard. The Wizard will display the recommended Banquet, how long the application and ABC processing may take, and the list of required documents.
  - You should tab in and out of formatted fields such as FEIN, social security numbers, phone numbers and date of birth to avoid getting an error message. The dashes must be entered in the social security field.
  - FEIN number is mandatory when applying for a license or a permit.
  - Fields with asterisks are required. Any field that has a question mark inside a circle gives additional information about that field.
  - Some screens require you to scroll down to continue the application.
  - If you do not have an account, refer to the “How to Create an Account and Sync Your License Records” video tutorial.
1. Log in to Account Central, then the Licensing system will be displayed.
  2. Select [Create>Create Application](#).
  3. Click the checkbox to accept the [General Disclaimer](#). Click **Continue Application**.
  4. Click [Events](#) then select the applicable radio button. Click **Continue Application**.
  5. Enter required fields in the **Event Location Address** section of the [Location Information>Event Location](#) page. Click **Continue Application**.
  6. Click **Add New** in the **Applicant** section of the [Application Information>Contact Information](#) page.
  7. Enter required fields for the applicant on the [Contact Information](#) page. Scroll down and click **Add Contact Address**.
  8. Select **Address Type>Mailing** on the [Contact Address Information](#) page. Enter required fields for the applicant. Click **Save and Close**, then click **Continue**.
  9. Review information on the [Application Information>Contact Information](#) page. Click **Continue Application**.
  10. Click **Add New** in the **Sponsoring Organization** section of the [Application Information>Sponsoring Information](#) page. Click **Continue Application**.
  11. Enter required fields for the sponsoring organization on the [Sponsor Contact Information](#) page. Scroll down and click **Add Contact Address**.
  12. Select **Address Type>Mailing** on the [Contact Address Information](#) page. Enter required fields for the applicant. Click **Save and Close**, then click **Continue**.
  13. Click **Add a Row** on the [EventDetailsDateTime](#) page.
  14. Enter required fields on the [Day and Time Information](#) page. Click **Submit**.

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15. Click **Continue Application** on the [Event Details>Event Dates and Times](#) page.
  16. Enter required fields on the [Event Details>Event Information](#) page. Scroll down and click **Continue Application**.
  17. Click **Add** on the [Supporting Documents>Attachments](#) page.
  18. Click **Add** on the [File Upload](#) page.
  19. Navigate to the file and click **Open** to attach all required files. Click **Continue**.
  20. Select **Type** and enter **Description** for all files on the [Supporting Documents>Attachments](#) page. Click **Save** then **Continue Application**.
  21. If desired, add **Comments** then click **Continue Application**.
  22. Review information on the [Review](#) page. Scroll down and check the certification checkbox, then click **Continue Application**.
  23. Review [Pay Fees](#) page then click **Check Out**.
  24. Click **Checkout** on the [Cart](#) page.
  25. Click **Proceed with Payment** on the [Payment](#) page.
  26. Enter [Payment](#) then click **Submit Payment**. Application record numbers are listed after payment is processed.

## END OF WRITTEN INSTRUCTIONS

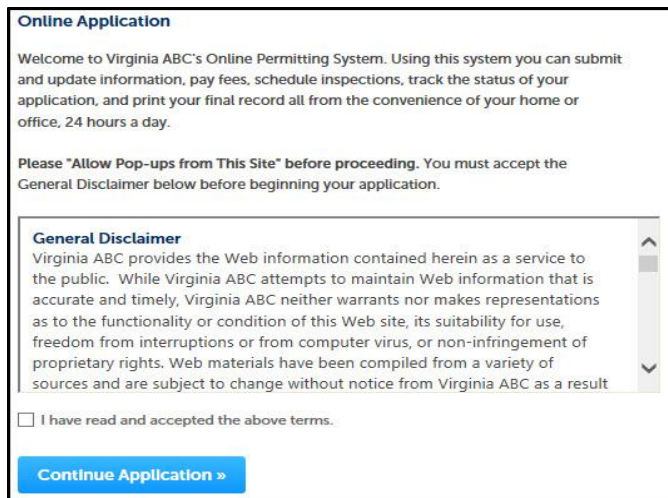
## SCREEN HELP

Create>Create Application



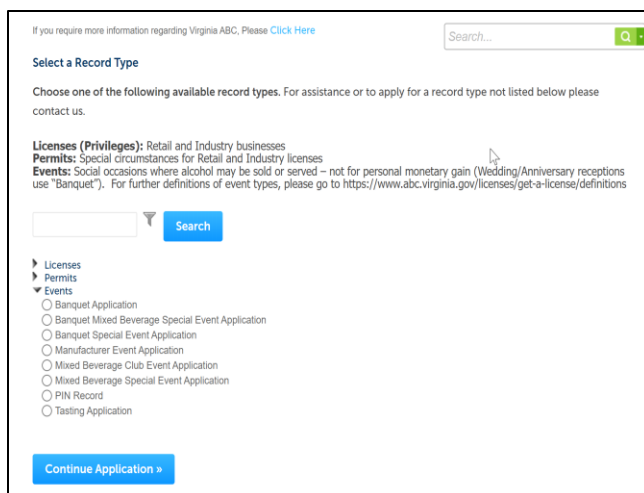
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General Disclaimer



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Events



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## Location Information&gt;Event Location

1 Location Information	2 Application Information	3 Event Details	4 Donations	5 Supporting Documents	6	7	8	9
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**Step 1: Location Information > Event Location** \* Indicates a required field.

**Event Location Address**

\* Street No.:  Direction:  \* Street Name:  \* Street Type:  Street Suffix:

Unit No.:  Unit # (end):  Unit Type:

Facility or Establishment Name:

\* City:  \* State:  \* Zip:

County:  \* Country:

X Coordinate:  Y Coordinate:

[Clear](#)

[Continue Application >](#) [Save and resume later](#)

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## Application Information&gt;Contact Information

Banquet Application							
1 Location Information	2 Application Information	3 Event Details	4 Supporting Documents	5 Comments for the Agency	6	7	8

**Step 2: Application Information > Contact Information** \* Indicates a required field.

The applicant is the person responsible for the event.

**Applicant**

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.

[Select from Account](#) [Add New](#)

[Continue Application >](#) [Save and resume later](#)

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## Contact Information

**Contact Information**

- Please re-enter your information, to confirm that you are the intended user. For security and safety you are required reenter your information. Virginia ABC Authority is not authorized to share previously provided information.
- A valid Mailing Address is required.

\* Individual/Organization:  FEIN:  \* Preferred Method of Contact:

Organization Name:  \* Primary Phone:

DBA/Trade Name:  Secondary Phone:

\* First:  \* Last:  SSN or ITIN:  Personal Phone:

\* E-mail:  Driver's License Number:  Driver's License State:

State ID Number:  State:

\* Birth Date:  \* Gender: ☐ Female ☐ Male

\* Are you applying on behalf of a group or company?  
☐ Yes ☐ No

What is the applicant's relationship to the company, sponsoring organization or group?

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## Contact Address Information

**Contact Address Information** ✕

Address Type:  

--Select--

Street No:

Direction:  

--Select--

Street Name: \*

Street Type:  

--Select--

Street Suffix  

--Select--

Unit No

Unit # (end):

Unit Type:  

--Select--

City: \*

State: \*

ZIP Code: \*

Country/Region:  

United States

Save and Close

Save and Add Another

Clear

Discard Changes

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## Application Information&gt;Contact Information

**Step 2: Application Information > Contact Information**  
Please enter information regarding the associated Business or Organization, if applicable.  
\* indicates a required field.

**Applicant**

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.

✔ Contact added successfully.

**Joe Smith**  
joe.smith@abc.gov  
Home phone:  
Mobile Phone:  
Work Phone: 8045556693  
Fax:  
[Edit](#) [Remove](#)

▼ Contact Addresses

Add Contact Address

To edit a contact address, click the address link.  
Required contact address type(s): Mailing

Showing 1-1 of 1

Address Type	Recipient	Address	Action
Mailing		<a href="#">Oak ST, Henrico VA 23233 United States</a>	<a href="#">Actions ▼</a>

Continue Application »

Save and resume later

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## Application Information&gt;Sponsoring Organization

**Banquet Application**

1 Location Information

2 Application Information

3 Event Details

4 Supporting Documents

5 Comments for the Agency

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**Step 2: Application Information > Sponsoring Organization**  
\* indicates a required field.

**Sponsoring Organization**

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.

Required Contact Type  
Sponsoring Organization 1

Select from Account

Add New

Showing 0-0 of 0

Full Name	Business Name	Contact Type	Work Phone	Fax	E-mail	Action
No records found.						

Continue Application »

Save and resume later

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## Sponsor Contact Information

**Contact Information**

- Please re-enter your information, to confirm that you are the intended user. For security and safety you are required to reenter your information. Virginia ABC Authority is not authorized to share previously provided information.
- A valid Mailing Address is required.

**\* Individual/Organization: Contact** ⓘ **Type must be Organization**

FEIN: \* ⓘ Preferred Method of Contact: \*  
--Select-- --Select--

Organization Name \* ⓘ

Primary Phone: Secondary Phone:

DBA/Trade Name: ⓘ

Personal Phone: ⓘ

First: Last:

SSN or ITIN: ⓘ

\* E-mail:

Driver's License Number: Driver's License State: --Select--

State ID Number: State: --Select--

Birth Date: MM/DD/YYYY ⓘ Gender: ☐ Female ☐ Male

\* Does the group hold IRS tax-exempt status? ⓘ  
☐ Yes ☐ No

Nonprofit Tax Exemption Status: ⓘ  
--Select--

Do members pay regular dues?: ☐ Yes ☐ No Do members have regular meetings?: ☐ Yes ☐ No

\* Is the Group a Subordinate of a National Nonprofit Organization?: ☐ Yes ☐ No

What is the name of the National Nonprofit Organization:

Total Number of Group Members:

Is the group an election campaign or political action committee/527?: ☐ Yes ☐ No

\* Has anyone from the hosting organization or group held a banquet license before?: ☐ Yes ☐ No

If yes provide the approximate date and location of the last banquet license held:

\* Do you have a Virginia State Corporation Commission Entity ID Number?: ☐ Yes ☐ No

Legal Business Structure: --Select--

State Corporation Commission Entity ID Number:

Legal Business Name: Primary Phone No.:

Additional State Corporation Commission Info:

▼ Contact Addresses

Add Contact Address

To edit a contact address, click the address link.  
Required contact address type(s) Mailing

Showing 0-0 of 0

Address Type	Recipient	Address	Action
No records found.			

Continue

Clear

Discard Changes

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## Sponsor Contact Address Information

**Contact Address Information**

Address Type: \*  

--Select--

Street No: 

2

 Direction: 

--Select--

 Street Name: \* 

B

 Street Type: 

DR

 Street Suffix: 

--Select--

Unit No:  Unit # (end):  Unit Type: 

--Select--

City: \* 

B

 State: \* 

VA

 ZIP Code: \* 

23002-

Country/Region: 

United States

Save and Close

Save and Add Another

Clear

Discard Changes

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## Event Details&gt;Event Dates and Times

**Banquet Application**

1 Location Information

2 Application Information

3 Event Details

4 Supporting Documents

5 Comments for the Agency

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**Step 3: Event Details > Event Dates and Times**

\* Indicates a required field.

**Date and Time Information**

**DAY AND TIME INFORMATION**

Multiple event dates can be added as long as they're within the same month and at the same location. You will be charged a license fee for each additional event date specified.

Showing 0-0 of 0

Date	Start Time	End Time	I acknowledge the banquet license fee is non-refundable due to the late submission	I acknowledge no guarantee that the application will be processed and approved prior to event
No records found.				

Add a Row

Edit Selected

Delete Selected

Continue Application »

Save and resume later

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## Day and Time Information

**DAY AND TIME INFORMATION**

Multiple event dates can be added as long as they're within the same month and at the same location. You will be charged a license fee for each additional event date specified.

\* Date:

\* Start Time: 

--Select--

\* End Time: 

--Select--

☐ I acknowledge the banquet license fee is non-refundable due to the late submission

☐ I acknowledge no guarantee that the application will be processed and approved prior to event

Submit

Cancel

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## Event Details Event Dates and Times

**Banquet Application**

1 Location Information

2 Application Information

3 Event Details

4 Supporting Documents

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**Step 3 : Event Details > Event Dates and Times**

\* indicates a required field.

**Date and Time Information**

**DAY AND TIME INFORMATION**

Multiple event dates can be added as long as they're within the same month and at the same location. You will be charged a license fee for each additional event date specified.

Showing 1-1 of 1

<input type="checkbox"/>	Date	Start Time	End Time	I acknowledge the banquet license fee is non-refundable due to the late submission	I acknowledge no guarantee that the application will be processed and approved prior to event
<input type="checkbox"/>	05/07/2022	6:00 PM	11:30 PM		

Actions ▼

Add a Row ▼

Edit Selected

Delete Selected

Continue Application »

Save and resume later

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## Event Details&gt;Event Information

**Step 3 : Event Details > Event Information**

**Special Event Information**

**SPECIAL EVENT INFORMATION**

\* Event Type:

\* Will the event include auction/casino night?:  
☒ Yes ☐ No

\* Is the event location owned by you or your organization?:  
☒ Yes ☐ No

\* Event Place:

Other Event Place:

\* Will the event be located indoor or outdoor?:

\* Who will attend?:

\* Estimated number of attendees:

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## Supporting Documents&gt;Attachments

**Banquet Application**

1

2 Application Information

3 Event Details

4 Supporting Documents

5 Comments for the Agency

6 Review

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**Step 4 : Supporting Documents > Attachments**

Please note that once the file has been uploaded, you cannot delete any documents.

\* indicates a required field.

**Attachment**

Once the Document is uploaded to the Citizen Portal, the Applicant cannot delete the file.

The maximum file size allowed is 16 MB.  
html; htm; mht; mhtml are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

Select from Account

Add

Continue Application »

Save and resume later

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## File Upload

File Upload

The maximum file size allowed is 16 MB.

html, htm, mht, mhtml are disallowed file types to upload.

Continue

Add

Remove All

Cancel

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## Supporting Documents>Type and Description

Attachment

The maximum file size allowed is 16 MB.

html, htm, mht, mhtml are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

\* Type:

--Select--

Remove

File:

attachment.docx

100%

\* Description:

Also Attach To

--Select--

Save

Select from Account

Add

Remove All

Continue Application »

Save and resume later

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## Review

Banquet Application

1

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4 Supporting Documents

5 Comments for the Agency

6 Review

7 Pay Fees

8 Record Issuance

Step 6: Review

Continue Application »

Save and resume later

Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" to move on.

Record Type

Banquet Application

Address

123 Main ST  
Richmond VA 23294  
United States

Applicant

Individual  
Joe Smith

Primary Phone: 8045556932

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## Pay Fees

[Home](#) [Search](#) [Create](#)

Logged in as: [Collections \(0\)](#) [Cart \(4\)](#) [Account Management](#) [Logout](#)

If you require more information regarding Virginia ABC, Please [Click Here](#)

Search... [Q](#)

**Banquet Application**

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4 Supporting Documents

5 Comments for the Agency

6 Review

7 Pay Fees

8 Record Issuance

**Step 7: Pay Fees**

Listed below are the fees due based upon the information you've entered. Some fees are pro-rated and will result in a reduced amount being charged. The following screen will display your total fees.

**Application Fees**

Fees	Calculation	Amount
Application Fee - Banquet Event	1	\$15.00
Banquet Event License Fee	1	\$40.00

TOTAL FEES: \$55.00  
If you have questions regarding the fees, please contact your Regional ABC Office.

Check Out »

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## Cart

**Cart**

1 Select item to pay

2 Payment information

3 Receipt/Record issuance

**Step 1: Select item to pay**

Please click on edit cart to save fees for later.

**PAY NOW**

555 main ST, Richmond VA 23220 United States

**2 Application(s) | \$195.00**

Apply for a Privilege  
20TMP-001375  
Total due: \$0.00

► Retail Specialty Establishment Application  
20TMP-001382  
Total due: \$195.00

**No Address**

**2 Application(s) | \$0.00**

Business Entity  
20TMP-001380  
Total due: \$0.00

Individual Entity  
20TMP-001381  
Total due: \$0.00

**Total amount to be paid: \$195.00**  
Note: This does not include additional inspection fees which may be assessed later.


Checkout »

Edit Cart »

Continue Shopping »

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## Payment



**Order Section**

Amount

210.00 USD

PROCEED WITH PAYMENT

By placing this order, you are indicating you agree with our return and refund policy.  
<https://www.abc.virginia.gov/stores/store-information/return-policy>

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## Submit Payment

Order Section	Name and Zip
Amount 210.00 USD	First name Susan
	Last name Smith
Payment	Postal code
PAYMENT CARD	
VISA	
Card Number *	
Expiration date (MM/YY) *	Security code *
SUBMIT PAYMENT	
By placing this order, you are indicating you agree with our return and refund policy. <a href="https://www.abc.virginia.gov/stores/store-information/return-policy">https://www.abc.virginia.gov/stores/store-information/return-policy</a>	
Secure Payment	

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